



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

NORTH TEXAS REHABILITATION CENTER
214 WEST COLORADO BLVD
DALLAS TX 75208

Respondent Name

TEXAS MUTUAL INSURANCE CO

Carrier's Austin Representative Box

Box Number 54

MFDR Tracking Number

M4-10-4278-01

MFDR Date Received

JUNE 4, 2010

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The carrier has denied this claim for reconsideration on the above dates of service. The carrier states pre-authorization was not requested. Our facility is CARF accredited and due to the medical condition of the patient and the designated doctor report of September 30, 2008 the work hardening program was necessary and medically appropriate for 10 sessions. We then requested pre-authorization for an additional 10 sessions and were approved...The medical necessity of the first 10 sessions of work hardening was acknowledged by the carrier's pre-auth department when they approved the additional 10 sessions. We ask for an order against the carrier."

Amount in Dispute: \$8,000.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "ODG lists work hardening as a valid treatment intervention if certain criteria are met. In other words if the claimant met the criteria then the treatment is medically warranted. The process of determining that is the preauthorization process. The requestor knows this because it sought preauthorization for an extension of the work hardening it initially provided without preauthorization. Because preauthorization was required and was not obtained no payment is due."

Response Submitted by: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 11, 2010 January 12, 2010 January 13, 2010 January 14, 2010 January 15, 2010 January 18, 2010 January 19, 2010 January 20, 2010 January 21, 2010 January 22, 2010	Work Hardening Program, CPT Codes 97545-WH-CA and 97546-WH-CA Ten Dates of Service at 8 Hours/Day	\$8,000.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.204, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. 28 Texas Administrative Code §134.600, effective May 2, 2006, requires preauthorization for specific health care treatment and services.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated February 22, 2010, March 1, 2010

- CAC-197-Precertification/authorization/notification absent.
- 930-Pre-authorization required, reimbursement denied.
- Denied in accordance with 134.600(p)(12) as the treatment/service is in excess of the Division's treatment guidelines as outlined in the Disability Management rules effective 5/1/07. Please refer to the Disability Management rules, Chapter 137 on the Division's website.

Explanation of benefits dated April 22, 2010

- CAC-197-Precertification/authorization/notification absent.
- 930-Pre-authorization required, reimbursement denied.
- Denied in accordance with 134.600(p)(12) as the treatment/service is in excess of the Division's treatment guidelines as outlined in the Disability Management rules effective 5/1/07. Please refer to the Disability Management rules, Chapter 137 on the Division's website.
- CAC-W4-No additional reimbursement allowed after review of appeal/reconsideration.
- 891-The insurance company is reducing or denying payment after reconsideration.

Issues

1. Did the disputed services require preauthorization?
2. Is the disputed work hardening program in accordance with the Division's treatment guidelines?

Findings

1. 28 Texas Administrative Code §134.600(p) states "Non-emergency health care requiring preauthorization includes: (4) all non-exempted work hardening or non-exempted work conditioning programs."

28 Texas Administrative Code §134.600(a)(4) states "Division exempted program: a Commission on Accreditation of Rehabilitation Facilities (CARF) accredited work conditioning or work hardening program that has requested and been granted an exemption by the Division from preauthorization and concurrent review requirements."

The requestor did not submit documentation to support that the disputed work hardening program was granted an exemption by the Division; therefore, preauthorization was required.

The requestor did not submit a preauthorization report to support that the disputed ten days of work hardening were preauthorized in accordance with 28 Texas Administrative Code §134.600(p)(4); therefore, reimbursement is not recommended.

2. According to the explanation of benefits, the respondent denied reimbursement for the disputed services based upon "Denied in accordance with 134.600(p)(12) as the treatment/service is in excess of the Division's treatment guidelines as outlined in the Disability Management rules effective 5/1/07. Please refer to the Disability Management rules, Chapter 137 on the Division's website."

28 Texas Administrative Code §134.600(p)(12) states "treatments and services that exceed or are not addressed by the Commissioner's adopted treatment guidelines or protocols and are not contained in a treatment plan preauthorized by the carrier."

According to the Official Disability Guidelines (ODG), work hardening is a recommended treatment for the low back.

The ODG’s timelines regarding a work hardening program states “The entirety of this treatment should not exceed 20 full-day visits over 4 weeks, or no more than 160 hours...”

The disputed services are the initial ten (10) days of a work hardening program; therefore, the program does not exceed the program timeline outlined in the ODG.

The respondent states in the position summary that “ODG lists work hardening as a valid treatment intervention if certain criteria are met. In other words if the claimant met the criteria then the treatment is medically warranted. The process of determining that is the preauthorization process. The requestor knows this because it sought preauthorization for an extension of the work hardening it initially provided without preauthorization. Because preauthorization was required and was not obtained no payment is due.”

The Division finds that the treatment was in accordance with the ODG; however, the requestor did not obtain preauthorization for the disputed services; therefore, reimbursement is not recommended.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

_____	_____	12/20/2012
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.